

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **3702**

1. PLACE OF DEATH:

(a) County St. Louis mo.
(b) City or town St. Louis mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4822 Le Due St 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Joseph Patrick Daigger

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Margaret Lillian Daigger 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased March 16, 1872
(Month) (Day) (Year)

8. AGE: Years 72 Months 11 Days 17 If less than one day hr. _____ min. _____

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation File Seller

11. Industry or business File

MOTHER FATHER { 12. Name George Daigger 4
13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name unknown 4
15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Dr. J. S. Kemp

(b) Address 4503 Washington Pl.

17. (a) Burial (b) Date April 30, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Levanon Cem.

18. (a) Signature of funeral director Chas. G. Bule
(b) Address 4452 Washington Pl.

19. (a) APR 30 1941 (b) J. M. Brudick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 96
(d) Street No. 4822 Le Due St
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 28
year 1941 hour 10 minute 9 M.

21. I hereby certify that I attended the deceased from March 15, 1941 to Apr. 28, 1941; that I last saw him alive on Apr. 28, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Asthama 5 hrs

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

Duration
5 hrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature J. S. Kemp (M. D. or other) _____

Address 4503 Washington Date signed 4/29/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

00
17
9

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____, Registered Apprentice No. _____
working under my personal supervision.

Signed

John Ketter

Licensed Embalmer No. 2880

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.